FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

Federal Agency a to Which Report	Federal Grant or By Federal Agen	Federal Grant or Other Identifying Number Assigned By Federal Agency				OMB Approval No.	Page	of		
· ·		Award 0049-DC-2002-I2					0348-0038	1	1	
Recipient Organization (Name and complete address, including ZIP code)									pages	
	Electric Cooperative, Inc.		,							
	eet Anchorage, Alaska 9									
				per or Identifying Number 6. Final Report			7. Basis			
920035763 #35D Nightmut			te Heat	Recovery	✓ Yes ☐ No		✓ Cash			
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) To: (Month, Day, Year)			ear)	Period Covered by this Report From: (Month, Day, Year)			To: (Month, Day, Year)			
10. Transactions:				1	ll ll		III			
				Previously Reported	This	This Cumulative Period				
				Neported						
a. Total outlays				2,4	33.00	2,433.00				
b. Recipient share of outlays						0.00	0.00			
c. Federal share of outlays					2,4	33.00		2,4	33.00	
d. Total unliquidated obligations										
e. Recipient share of unliquidated obligations										
f. Federal share of unliquidated obligations										
g. Total Federal share(Sum of lines c and f)				A CONTRACTOR OF THE CONTRACTOR				2,4	33.00	
h. Total Federal funds authorized for this funding period					1 - Ex			2,4	33.00	
i. Unobligated balance of Federal funds(Line h minus line g)									0.00	
a. Type of Rate(Place "X" in appropriate box)										
11. Indirect	Provision		Prede	d. Total Amount	Final		Fixed Face Federal Share			
Expense	b. Rate	c. Base		d. Total Amount	<u>.</u>	e . I	-euerai Silaie			
12. Remarks: Attac	ch any explanations deemed ne	ecessary or informatio	n require	d by Federal sponsoring	agency in comp	liance w	ith governing			
legislation.										
Heat recovery i	s not an option due to th	ere being a st an d	l -by g er	erator in Nightmute	e, Alaska.					
12 Cortification:	certify to the best of my kno	vuladas and halist th	ot this re	nort is correct and so	malete and that	all outl	ave and			
	unliquidated obligations are			-	mpiete and that	an out	ays and			
Typed or Printed Name and Title					Telephone (Area code, number and extension)					
Meera Kohler, President and CEO				(907) 561-1818		818				
					Date Report Submitted					
					July 11, 2007					
NCN 7540 04 240 4207				02 Standard Form 2604 (Rev. 7-07						

NSN 7540-01-218-4387

Standard Form 269A (Rev. 7-97)

Prescribed by OMB Circulars A-102 and A-110